

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17028 (5)

1. Corporation Name

BAHAMAS FRANCHISE CORPORATION



Principal Place of Business

~~PAUL STEIN~~ C/O MICHAEL S. BROWN
3195 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

C/O MICHAEL S. BROWN
3195 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, MICHAEL S.
3195 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

DATE Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME PD
BROWN, MICHAEL S.
STREET ADDRESS 3195 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME HERTZ, ARTHUR H.
STREET ADDRESS 3195 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SAT
NAME KRAUSE, DAVID M.
STREET ADDRESS 3195 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

(305) 529-1414

CR2E034 (12/95)



M17028

P.O. BOX 141609
CORAL GABLES, FLORIDA 33114-1609
Telephone: (305) 529-1414
Facsimile: (305) 529-1466

WOMETCO
Enterprises, Inc.

March 9, 1995

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Document #176396 - 1995 Annual Report
Marine Exhibition Corporation

Gentlemen:

Please add the following to the above mentioned document:

Title: President
Name: George Boucher
Street Address: 3195 Ponce de Leon Blvd.
City-St-Zip: Coral Gables, FL 33134

Title: Vice President & Controller
Name: Ana M. Toledo
Street Address: 3195 Ponce de Leon Blvd.
City-St-Zip: Coral Gables, FL 33134

Sincerely,

Ana M. Toledo
Vice President, Finance

AMT/is